

Ticket # _____ staple to back

License Plate # State

APPEAL
For a
TOWN OF MANSFIELD
TICKET

Absolutely NO appeals accepted after 7 days from issuance of ticket.
PLEASE staple the ticket to the BACK of this form.

This is your mailing label, PLEASE print clearly **within** the spaces provided.

NAME _____

STREET _____

CITY, STATE, ZIP _____

Please do not send payment until
you receive this appeal denied.

PLEASE DESCRIBE THE REASONS FOR YOUR APPEAL

Your appeal should be based on CONNECTICUT MOTOR VEHICLE LAWS (Title 14).

(use other side as needed)

_____ Appeal Upheld Ticket will be voided and no payment will be due.

_____ Appeal Denied – appropriate payment is due within 21 days of _____ (date appeal mailed)
after which date the fine will double. **Please enclose copy of the ticket with your payment or note the ticket
number/registration number on your check.**

Send payment to: COLLECTOR OF REVENUE (TICKETS)
TOWN OF MANSFIELD, 4 So. Eagleville Road, Storrs, CT 06268
Phone: 860 429-3309 Fax: 860 429-7785